REMARKS

Claims 1-17 and 20 remain in this application. Claims 18 and 19 are withdrawn. Claims 1 and 8 have been amended. Applicants have added claim 20. No new matter has been added. Applicants thank the Examiner for the indication that claims 9-12, 15 and 16 would be allowable if rewritten to include the limitations of the base claim and any intervening claims.

The Examiner objected to the drawings. Applicants have added reference numeral 110 to Figure 4A of Sheet 4, to indicate the blood flow lumen and have corrected the lead line of reference numeral 90 of Figure 4D. Applicants have also added reference numeral 118 to Figures 5A and 5B of Sheet 5, to indicate the guiding catheter and have corrected the lead line of reference numeral 112 of Figure 5B.

The Examiner rejected claim 8 as being indefinite under 35 USC § 112, second paragraph. Applicants amended claim 8 to more particularly point out the claimed subject matter. Claim 1 was also amended to more clearly define the invention.

The Examiner rejected claims 1-8, 13, 14 and 17 under 35 USC § 102(e) as being anticipated by Peters (US 5433700). The Examiner states that Peters discloses a catheter system having a fluid delivery method to the heart having the claimed steps and points to column 2, lines 49-54 and column 5, lines 22-30. Applicants respectfully traverse the rejection.

Peters neither teaches or suggests the claimed method. Claim 1 requires introducing at least one distal end of at least one perfusion catheter into a peripheral artery of said patient; advancing the distal end of the perfusion catheter from the peripheral artery into at least one coronary ostium; occluding the coronary ostium with an occlusion device; and delivering a fluid to the heart through the perfusion catheter. Instead, Peters discloses an aortic occlusion catheter and a method of occluding the aorta. The occlusion catheter of Peters can be used to infuse a fluid near the coronary ostia as is discussed in the passages cited by the Examiner:

> The catheter can be used to introduce the cardioplegic agent, normally in solution, into the aortic root via one lumen. The luminal diameter will preferably be such that a flow of the order of 250-500 ml/min of cardioplegic solution can be ***introduced into the aortic root*** under positive pressure to perfuse adequately the heart by way of the coronary arteries.

Column 2, lines 49-54.

> If desired a fluoroscopic dye may be introduced ***into the aortic root*** 26 through the catheter 12 for accurate positioning of the tip of the catheter 12 ***relative to the aortic root 26 and the coronary ostia***.

Column 5, lines 21-24. Thus, Peters discusses delivering a fluid "into the aortic root", which is near the coronary ostia, or positioning the catheter "relative to the coronary ostia", however, Peters does not disclose a method that includes the steps of advancing the distal end of a perfusion catheter from the peripheral artery into at least one coronary ostium, and ***occluding the coronary ostium with an occlusion device***. In contrast, the catheter of Peters is advanced to a position within the aorta for the purpose of occluding the aorta. As stated in Peters at column 2, lines 32-39:

> The balloon of the catheter is preferably inflated with a saline solution to avoid the possibility of introducing into the patient an air embolism in the event that the balloon is ruptured. The balloon should be inflated to a pressure sufficient to prevent regurgitation of blood into the aortic root and ***to prevent migration of the balloon into the root*** whilst not being so high as to cause damage or dilation to the aortic wall.

In other words, the balloon catheter of Peters is intended ***not to migrate into the aortic root***, which it would have to do if it were to be introduced into the coronary ostia. Instead, as is clearly shown in Figure 1, Peters locates its balloon 27 between the aortic root (and the coronary ostia), on one hand, and below the great arteries, on the other hand. Thus, Peters does not teach or suggest the step of advancing a distal end of the catheter into a coronary ostium. Nor does Peters teach or suggest the step of occluding the coronary ostium with an occlusion device. Applicants request that the rejection be withdrawn.

Applicant respectfully requests that a timely Notice of Allowance be issued in this case.

Respectfully submitted,

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Dated: June 13, 2003